



OPHSA *Building Healthy Communities*

Prevention

in the US Air Force, Part 1

This issue of ***Building Healthy Communities*** highlights some OPHSA efforts on behalf of prevention in the Air Force medical community. We've included a report from the **Put Prevention Into Practice (PIIP)** program office, as well as a note on the new DoD PPIP Model Project initiative. As usual, you can get more details on projects mentioned in this edition through the contacts shown, and, of course, our WWW site (www.ophsa.brooks.af.mil). PPIP has its own "chat room" at the site, if you want to share good ideas. In future issues, Part 2 will focus on other prevention-related initiatives.

Best Practices in Health Promotion (BPHP) and **Clinical Practice Parameters (CPP)** are the featured OPHSA projects. We've also tried to include some project news of interest, conferences on the horizon, national health observances you can use in health promotion, and significant changes at OPHSA.

Building Healthy Communities wants your input. Please get in touch with our editor in chief with any suggestions for items you would like to see. The telephone number is DSN 240-6511 or (210) 536-6511, and e-mail is fraser@ophsa1.brooks.af.mil.

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**OFFICE FOR PREVENTION AND
HEALTH SERVICES ASSESSMENT**

OPHSA Underway

PROJECTS IN PROGRESS

Clinical Practice Parameters (CPP)

The Need

The Department of Defense is committed to the concept of managed care, through TRICARE, as the method of delivering health services to its beneficiaries. OPHSA has identified the need to implement clinical practice parameters (CPP), an essential component of a successful, comprehensive, managed-care system. Research findings also demonstrate that CPPs can positively influence both healthcare outcomes and cost containment, by assisting providers with clinical decisions. Rigorously developed, evidence-based CPPs will help providers make such decisions most effectively if they have participated in CPP development, believe that they work, and practice in a system that fosters their use.

A Project Overview

This OPHSA project, conducted in two phases, will identify three CPPs that can be used by the Air Force Medical Service, and document the implementation process. A technical advisory board will select evidence-based CPPs for **asthma**, **diabetes**, and **hypertension**. They will then be implemented as follows:

- | | |
|---------------------------------------|---------------------------|
| <input type="checkbox"/> Asthma | Andrews AFB |
| <input type="checkbox"/> Diabetes | Scott AFB |
| <input type="checkbox"/> Hypertension | Brooks AFB and Travis AFB |

OPHSA's objectives for **Phase One** are to

1. identify and obtain available evidence-based CPPs related to asthma, diabetes, and hypertension

2. conduct a market survey to identify commercial-off-the-shelf (COTS) products that assist with either implementing generic CPPs, evaluating compliance with implementation, or both
3. define those conditions and diagnoses that consume the most resources in Air Force MTFs (i.e., total cases, cost estimates, total bed-days, and drug utilization data)
4. form a technical advisory board of Air Force consultants to decide which CPPs will be implemented, discuss the target population, and create a brief description of the evaluation process
5. provide a description of the target population for each CPP
6. develop evaluation criteria and define an evaluation process for each CPP by describing an ongoing system for documenting clinical outcomes and compliance with CPPs



In **Phase Two**, OPHSA's objectives will be to

1. develop a study design for implementing CPPs at four MTFs
2. conduct pre-implementation medical record audits
3. implement the selected CPPs
4. conduct post-implementation medical record audits
5. develop, administer, analyze, and document a survey of providers involved with the CPPs
6. compile lessons learned and recommendations
7. develop a final report and briefing

CPP Project Administration

This project will be funded by OPHSA. The Research Design Team consists of Lt Col Pequitte Schwerin (OPHSA Team Leader), Lt Col John Meyer (Executive Management Team), and Maj Karen Foster (OPHSA Team Member). The customer for the project is HQ AFMOA/SGOC (Lt Col Cunningham). The OPHSA Executive Management Team has overall responsibility for the project.

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Outcomes PROJECT RESULTS

Best Practices in Health Promotion (BPHP)

The Potential Gain

First, health promotion allows active duty and mirror forces to respond more effectively to operational demands, both now and under any future force constraints, by increasing the number of healthy service members available for duty.

Second, the Air Force/Department of Defense health system can gain substantial financial and managerial benefits by introducing and/or enhancing systematic health promotion activities that reduce the time and resources (financial and human) allocated to caring for beneficiaries whose medical problems might be substantially reduced or avoided altogether.

The Study and Its Results

The original purpose of the Best Practices in Health Promotion project was to identify health promotion programs at various sites that were demonstrably most effective in achieving their goals, and rank them by objective, comparable evaluation data.

However, research revealed that comparable outcome data were insufficient or unavailable for these programs, and, therefore, no objective ranking was possible.

This lack of data can represent an opportunity for the Air Force to systematically implement and maintain health promotion programs based on demonstrable, results-oriented criteria.

For this study, exemplary practices from several entities were examined, including:

- ☐ The US Air Force
- ☐ Other Department of Defense organizations
- ☐ Civilian corporations that promote wellness
- ☐ Health maintenance organizations (HMO)

The research was conducted in two phases:

Phase 1 consisted of reviewing US Air Force health data to determine priority health promotion targets, reviewing the literature on health promotion programs that addressed those targets, and identifying sites where such programs are offered.

To establish which health risk factors present targets with the greatest

strategic value, their prevalence in US Air Force populations was assessed.

This assessment was based on data from the Active Duty Air Force Behavioral Risk Factor Surveillance Pilot Project (published by OPHSA); the Health of the USAF, 1995 (also published by OPHSA); the Retrospective Case-Mix Analysis System (RCMAS); the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); and the Health Enrollment Assessment Review (HEAR) form used with TRICARE enrollees.

Programs in the following priority health promotion areas were included in the study:

Alcohol and other drug use	Smoking Fitness and exercise
Cancer detection and prevention	Nutrition Cardiovascular disease prevention
Injury prevention	Pregnancy
Self-care	
Asthma	
Sexually transmitted disease/HIV prevention	
Mental health (stress/depression/suicide)	

Phase 2 involved collecting data from the sites identified in Phase 1.

A case-study approach was used to gather in-depth information from each site to answer four basic questions:

- ✓ What types of health and wellness programs are currently offered?
- ✓ What development, planning, and implementation steps are involved in creating such programs?
- ✓ What staffing and training requirements do these programs present?
- ✓ How is program effectiveness determined and maintained?

Recommendations

The research provided substantial information for several specific recommendations:

- ❑ **Health promotion managers need specialized training.** The training should focus on collecting and using data, understanding behavioral theories, evaluating programs and methodologies, and applying different educational models.

- ❑ **Evaluation needs to be a basic component of all health promotion programs.** Such evaluations, encompassing multiple measures, methods, and outcomes, will provide evidence of program effectiveness.
- ❑ **Health promotion programs should use integrated health education approaches.** Multiple methods create clear, consistent messages, and increase the chance for change.
- ❑ **Health risk assessment should be an integral part of health promotion programs.** Using valid tools, health promotion managers can design programs to address the most prevalent risks.
- ❑ **Health promotion managers must access and use available resources to develop health promotion programs.** Local and national sources can provide ideas and materials.
- ❑ **Health promotion managers need to actively market to and ensure they are reaching their communities.** Persistence and reinforcement will help ensure results.

Volume I of the BPHP Technical Report is available for viewing and/or downloading in MS Word format at OPHSA's Website (www.ophsa.brooks.af.mil) under the "Projects" listing of the home page.

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**For more information on these and other
OPHSA projects, see our Website:
www.ophsa.brooks.af.mil**

THE LATE NEWS

Caveat: Information in The Late News is subject to significant change

A NEW VERSION OF HEAR IS COMING

The Health Enrollment Assessment Review (HEAR) is moving towards a new, improved version (2.0). Changes to HEAR are based on adding new assessment areas (dental health, nutrition, and others), supporting Put Prevention Into Practice (PPIP) efforts, and lessons learned during version 1.0 implementation. As it's currently envisioned, HEAR 2.0 has 140 questions, is designed to be completed at an MTF, is being considered for DoD implementation, and will work with the Preventive Health Care System (PHCS). When it's tied into PHCS, it will generate risk factors for clinical preventive services, display Service-specific clinical guidelines, capture and track data, interact with the Comprehensive Health Care System (CHCS) for personnel data, and generate standard reports. HEAR 2.0 will provide tracking over time for changes in risk behavior. The target for making HEAR 2.0 operational is FY 1998. We'll keep you posted on developments here and on the OPHSA Website.



A DoD MODEL OF PPIP

A new project to establish a DoD model for implementing Put Prevention Into Practice (PPIP) at medical treatment facilities (MTF) is in the early planning stages. Plans call for determining in September 1997 the details of a tri-Service approach (including identifying MTFs at which to implement PPIP) that follows specific objectives and measures of success. This project may be tied to other initiatives currently underway

at OPHSA, such as the Health Enrollment Assessment Review (HEAR) version 2.0, managed care training, and the Preventive Health Care System (PHCS). In coming months, look for more information on the PPIP Model Project at the OPHSA PPIP Website (www.ophsa.brooks.af.mil) and from the OPHSA PPIP program office.

AFMS METRICS INFORMATION AVAILABLE

OPHSA is heavily involved with the new FY 98 AFMS Performance Measurement Tool. Tools are being developed that will assess performance in the three major "quality" areas in health care: technical outcome (readiness and managed care), customer service, and financial performance. OPHSA and related work groups are studying metrics that do not have ad hoc measurements specified, or that are labor intensive. OPHSA's Gerie Elias is responsible for coordinating our efforts.

Some metrics are currently being tested at selected MTFs. The goal is to have a complete set available by October 1, 1997.

In the meantime, you can keep up with progress on this effort through the OPHSA Website. Log on to the home page (www.ophsa.brooks.af.mil) and click the "Metrics Workbook" button. To see an MS Word version of the 1997 Senior Leadership Training Symposium report, use

www.ophsa.brooks.af.mil/metrics/metricwb.doc.

Put Prevention Into Practice (PPIP)

*from Thomas A. Pittman,
Program Manager*

I hope those of you who attended the USAF 1997 Prevention Conference in Dallas came away with valuable information for implementing or improving their prevention programs. I enjoyed talking with a number of PPIP coordinators about your programs and was sorry time didn't permit me to speak with everyone. This was the first conference I worked behind the scenes, instead of listening to all the presentations. Given that this was the first year to combine such a large number of prevention folks, I feel the week went very well. Thanks to SG and OPHSA staff for their tremendous efforts in getting all the conference details accomplished. Also, thanks to all of you for participating as speakers and attendees.

One of the suggestions made during the conference was to increase the scope of the PPIP Webpage, so it now includes conference PPIP Breakout session presentations, plus those by OPHSA staff. We're working to get the few still missing. Also, Dr. Fonseca has developed a "Related Sites" page that will send you directly to prevention-related Websites. You can find these features, plus new ones to be added, by logging onto the OPHSA homepage. To get to the PPIP Website:

1. Access www.ophsa.brooks.af.mil
2. Click the "Projects/Programs" icon
3. Click the "PPIP" icon
4. The "USAF 1997 Prevention Conference" and "Related Sites" icons are at the bottom of the PPIP page.

Thanks to Maj Fonseca and 1Lt Caliboso for their help in developing the site so quickly after the conference.

We will be improving the page by including a historical section and a topic area (at the suggestion of 2Lt Bickford of Beale AFB). The historical section will be a repository for PPIP policy letters and related documentation that can be downloaded as a Microsoft Word file. The topic section will be a centralized forum for documents developed by MTFs for use in their facilities, including operating instructions, locally developed forms, and Preventive Medicine Committee Goals and Objectives. This is a great opportunity for MTFs to share their accomplishments. The topic section will also assist MTFs that are having difficulty developing a program, need new ideas, or just don't want to redevelop the entire wheel. If there are additional areas you want on the PPIP Website, please let me know.

I'm also developing an e-mail group as a timely means of disseminating information to PPIP coordinators. I have quickly learned there are difficulties in developing a quality e-mail group; please bear with me while I get it working.

Finally, if you have any questions, suggestions, or comments please e-mail (pittman@ophsa1.brooks.af.mil) or phone me. I will attempt to answer you as soon as possible. Please follow up your call with an e-mail message, so I have documentation to fall back on if I am unable to contact you.

In the next edition of "PPIP News," I will give you more in-depth information on what the PPIP Program Office will be developing in the coming year.

I look forward to a successful year with PPIP and Air Force prevention.



Milestones



MEETINGS

May 12 - 16
14th Annual Air Force Medical Information
Management Symposium
“IM/IT - Supporting the AFMS Strategic
Pillars”
San Antonio
Contact: Sharon Schaefer, DSN 240-3967 or
(210) 536-3967

June 16 - 19
Disease Management Congress: Effective
Disease Prevention and Health Management
New York City
Contact: National Managed Health Care
Congress @ (617) 505-8000

July 17 - 19
Understanding Managed Care: Introductory
Program for Managers New to Managed
Care
Orlando
Contact: Am. Assn of Health Plans @ (202)
778-3269

July 21 - 23
Translating Evidence into Practice: Meeting
Information (AHCPR sponsored)
Renaissance Hotel, Washington, DC
Contact: Hope Levy Kott or Patti Hendrix @
301/770-3153
E-mail: confdept@tech-res.com

September 2-5
2nd Annual Disease Management Congress:
Building an Infrastructure for Total Health
Management
New York, NY
Contact: National Managed Health Care
Congress @ (617) 505-8000

MISCELLANEA

National Health-related Observances

June

National Safety Month
National Prevention of Eye Injuries Awareness
Week (28 - July 8)

July

Fireworks Safety Month
Hemochromatosis Screening Awareness Month
National Therapeutic Recreation Week (13-19)
Lead Poison Control Week (20-26)

September

Baby Safety Month
Children's Eye and Health Safety Month
National Cholesterol Education Month
National Pediculosis Prevention Month
National Sickle Cell Month
Hearing Aid Awareness Week (3-9)
National 5 a Day Week (7-13)
National Rehabilitation Week (14-20)
National Reye's Syndrome Week (21-27)

Want more? Check the National Health Infor-
mation Center (NHIC) site of the Office of
Disease Prevention and Health Promotion
(ODPHP)—
<http://nhic-nt.health.org/nho97a.htm>

You can read this newsletter and
keep up with OPHSA
on our Website:
<http://www.ophsa.brooks.af.mil>

CHANGES

Maj Bruce Copley, Public Health Epidemiologist, will be attending Johns Hopkins University for his doctorate, having just earned the rank of Lt Col. Double congratulations are in order. Maj Copley's work on immunization tracking and other key OPHSA projects will be a sound foundation to build on.

Two OPHSA folks were TDY in Saudi Arabia for a few months: **Maj Mike Snedecor**, preventive medicine physician, was part of the latest epi team to head there from Brooks. **SSgt Raul Sanchez** was there as a communications specialist, which is his "normal" job. They're both happily back at work now, and we welcome them home with a "Job well done."

OPHSA welcomes some new folks who add great expertise and experience to our team:

Capt (Maj sel) Sam Hall is the new chief of OPHSA's Information Analysis and Studies Division. He came to us from the USAF School of Aerospace Medicine.

Maj Robert F. Gamble has joined OPHSA part-time as a dental consultant.

MSGT Cesar Romero is OPHSA's Superintendent.

SSgt Ed Correa was recently added as a public health technician.

Gary Coil, PhD, an epidemiologist formerly with the Texas Department of Health, joins the Clinical Preventive Services Division to work on the Economically and Epidemiologically Integrated Cost Assessment Model II (EEpICAM II).

Gerie Elias is coordinating OPHSA's efforts for the AFMS performance measurement tool, and will provide research assistance.

Connie Evans is a new medical research assistant to various projects.

Tom Pittman is the new program manager for Put Prevention Into Practice (PPIP).

Kathy Sotello is the new program manager for the Health Enrollment/Evaluation Assessment Review (HEAR) version 1.0.

By the Numbers

In its biennial *Nation's Health and Safety: A Status Report 1997*, the Coalition for Consumer Health and Safety (an alliance of insurer, health, and consumer groups) highlighted some good news and some bad news:

bad-

- ☛ auto accident-related personal injuries were up
- ☛ alcohol-related traffic deaths increased by four percent in 1995 compared to 1994
- ☛ deaths and injuries from poisonings in the home were up
- ☛ high school student smoking increased from 27.5 percent in 1991 to 34.8 percent in 1995
- ☛ heart attacks were the number one killer of women, and they killed more women than men
- ☛ 28 percent of high school seniors reported consuming five or more drinks at one sitting in the two weeks before the survey

good-

- ☛ AIDS deaths were down 13 percent since mid-1995
- ☛ Americans consumed about half the amount of cholesterol they did ten years ago
- ☛ deaths from heart attack, stroke, and other cardiovascular diseases have decreased

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